

# TIME SHEET

PLEASE ENSURE YOUR TIME SHEET IS SIGNED AND EMAILED/FAXED NO LATER THAN 9.00AM MONDAY MORNING

E: [NSW@LOGOAPP.COM.AU](mailto:NSW@LOGOAPP.COM.AU)

F: 02 9264 6007



EMPLOYEE NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

COUNCIL \_\_\_\_\_ WEEK ENDING \_\_\_\_\_

	Date	Start Time	Finish Time	Less Lunch	Ord Hours	O/T x 1.5	O/T x 2	O/T x 2.5	Total Hours
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
<b>Totals</b>									

Travel or Accommodation Reimbursement Claim: \_\_\_\_\_

**Supervisor to complete:**

*Please rate the employee's work performance below:√*

Excellent	
Very Good	
Good	
Please phone to discuss	

Supervisor's name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

*Complete only if change in employee personal details:*

Address:		
Home Phone No:	Mobile Phone No:	
Bank:	Branch :	BSB:
Signature:	Account No:	